



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

ENVIRONMENTAL SERVICES DIVISION
REGION 7
25 FUNSTON ROAD
KANSAS CITY, KANSAS 66115

SEP 18 1997

MEMORANDUM

SUBJECT: Region VII Multimedia Screening Checklist

FROM: Mary Tietjen-Mindrup *Mary Tietjen-Mindrup*
Chief, Air & RCRA Compliance Branch, ENSV

TO: See Below

This memorandum transmits the **Multimedia screening** checklist completed as part of an AIR and/or RCRA Compliance Inspection performed by the Air & RCRA Compliance Branch, Environmental Services Division.

<u>Facility</u>	<u>Location</u>	<u>Inspection Date</u>
Dayco	Springfield, MO	09/04/97

Attachments (2)

Addressees:

Don Gibbins, WWPD/NFMB
Kurt Hildebrandt, WWPD/DWGW
Jim Hirtz, ARTD/TSPP
Richard Tripp, ARTD/APCO
Edwin Buckner, ARTD/RPCB

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RCRA PERMITTING & COMPLIANCE BRANCH
(RPCB)



R00126803
RCRA RECORDS CENTER



REGION VII MULTIMEDIA SCREENING CHECKLIST

Facility: DAYCO PRODUCTS INC Facility Ownership: MARK IV INDUSTRIES Inspector: PAUL BEATTY
 Address: 2601 W. BATTLEFIELD RD Facility Contact: JOHN SCHIMPF Primary Media: AK
SPRINGFIELD, MO 65807 Phone: 417/881-7440 SIC code: 3022 Date: 9-4-97
 County: _____ Section: _____ Number of Employees: 750
 Township: _____ Range: _____ Work Schedule/Hrs: 24 HR/DAY 5-7 PM

1. Does the facility have permits or registrations in any of the following areas? [F=Federal, S=State, L=Local]
 () CWA: Pretreatment, ☒ NPDES, 404-Wetlands () UIC () UST () PWS () RCRA () TRI () CAA () Other
 Describe: _____

2. What are the business, manufacturing or service activities at the facility? POWER TRANSMISSION BELTS - LARGE

3. What raw materials and fuels are used by the facility? RUBBER PROCESSING, SBR NATURAL RUBBER - MIXTURE
CORD/FABRIC, FUEL #6, NH & WASTE OIL (OWN)

4. Provide brief process description: RUBBER BANDING - WRAP RUBBER AROUND DRUM, CEMENT
CUT & GRIND TO WIDTH

5. What major process operations are used? () blending ☒ mixing () reacting () distilling () filtering () separating
 () formulating () degreasing: _____ water based, _____ halogenated solvent based, _____ non-halogenated solvent based () combustion
CEMENTS (X) coating: _____ water based, ☒ solvent based () machining () fabricating ☒ assembly () printing () laboratory analysis
 () electroplating: _____ chrome () electroless plating () Other _____

6. Provide a general description of the wastes generated by the facility:

Is Waste Hazardous?

Waste Name	Generation Process	Est. Quantity Per/Month	Final Disposition of Waste	No	Yes	Don't know
SOLID	RUBBER/FABRIC	250 T/M	LANDFILL	<input checked="" type="checkbox"/>	()	()
LIQ (SOL)	CEMENT/SOLVENT	400 #/MO	FULL BLEND - FASERMA	()	<input checked="" type="checkbox"/>	()
WASTE OIL		4+22 gal/yr	" & BURN UNITS	<input checked="" type="checkbox"/>	()	()
NPDES	PROCESS CEMENT COUPLER (OO)	1 MO/NUMBER	SEWER	<input checked="" type="checkbox"/>	()	()
SILICON (1 C-CHL C-2)	QTR/MO/NO	1.2 T/DAY	SEWER	<input checked="" type="checkbox"/>	()	()

7. Description of surrounding area (access to children, public, economic condition): ☒ Industrial () Business () Residential () Rural
 Potential environmental issues: _____

NPDES - National Pollution Discharge Elimination System. **PWS** - Public Water Supply. **UIC** - Underground Injection Control. **WETLANDS**

1. Where do the facility's wastewaters go?	On-Site Treatment	Municipal Sewer	Septic	Injection Well	Surface Water	Storm Sewer	Land
<input checked="" type="checkbox"/> Yes - Process Wastewaters	()	<input checked="" type="checkbox"/>	()	()	()	()	()
<input checked="" type="checkbox"/> Permitted - Non-Contact Wastewaters	()	<input checked="" type="checkbox"/>	()	()	()	()	()
<input checked="" type="checkbox"/> Don't know - Sanitary Wastewaters	()	<input checked="" type="checkbox"/>	()	()	()	()	()
Other _____	()	()	()	()	()	()	()

Comments: _____

2. Did you observe any wastewater discharges not mentioned above? ☒ No () Yes Location of discharge: _____
 Appearance of discharge: _____

3. Where does the facility get its: Process water? () City/Rural district ☒ Private well () Pond () River () Other _____
 Drinking water? ☒ City/Rural district () Private well () Pond () River () Other _____

Is public water source protected by backflow prevention device? () No ☒ Yes () Don't know

4. What is the source of drinking water for the area around the facility? ☒ Rural/Municipal source () Private well () Don't know

5. Are there any surface water bodies (ponds, streams, lakes, rivers) or temporarily wet areas that have been disturbed (filling, waste disposal, ditching, excavation, damming, dredging, etc.)? ☒ No () Yes () Don't know

Describe/locate: PROCESS HO POND

CAA - CLEAN AIR ACT

1. Are there any non-steam/water vapor, visible smoke or dust emissions? ☒ No () Yes Source: _____ Time: _____
2. Are there any fugitive emissions? ☒ No () Yes Leaving property? () No () Yes Source: _____ Time: _____
3. In the past 2-3 years, has the facility modified or installed any new air emission points? () No ☒ Yes

Describe: 2 premises

4. Are the facility's air conditioning, refrigeration, or motor vehicle air conditioning systems: ☒ Self-served? () Contract Serviced? () Both?
Does any single unit contain: () <50lbs. or ☒ > 50 lbs. of refrigerant? Service Company Name, Address, Phone: _____

RCRA - RESOURCE CONSERVATION AND RECOVERY ACT & UST's - UNDERGROUND STORAGE TANKS

1. Does the facility conduct or have any of the following on-site waste management activities? () Treatment () Burning () Landfills
small quantity generator () Surface impoundments ☒ Storage () Recycling - Are recyclables stored more than one year? () No () Yes
2. Is a wastewater sludge generated? ☒ No () Yes Is it hazardous? () No () Yes () Don't know

Where does the sludge go? () Hazardous waste disposal site () Off-site landfill () On-site landfill () Land applied

3. Does the facility generate used oil? () No ☒ Yes Are the containers labeled "Used Oil"? () No ☒ Yes
4. Did you observe any hazardous waste containers or tanks which were leaking, open, or not labeled? ☒ No () Yes

Describe: _____

5. Are there any signs of past spills or releases (dead/stressed vegetation, stains, discoloration)? ☒ No () Yes

Describe: _____

6. Does the facility have any underground storage tanks that contain petroleum products? ☒ No () Yes
7. Do any of the chemical, industrial, or hazardous waste handling procedures concern you? ☒ No () Yes

Describe: _____

TITLE III - EPCRA - EMERGENCY PLANNING AND COMMUNITY RIGHT TO KNOW ACT & SECTION 5 TSCA - TOXIC SUBSTANCES CONTROL ACT

1. Have Toxic Chemical Release Forms (Form R's) been submitted under Section 313 of EPCRA? () No ☒ Yes [must have >10 employees]
2. Have hazardous chemical inventory forms (Tier II forms) ever been submitted under Section 312 to local Emergency Planning Committees or fire department? ☒ Yes () No If no, describe gross storage volumes, and type of chemicals stored: _____

3. Does the facility import or manufacture a chemical substance? ☒ No () Yes

Describe type and intended use: _____

PCB's - POLYCHLORINATED BIPHENYLS & SPCC - SPILL PREVENTION CONTROL AND COUNTERMEASURE PLAN

1. Does facility have any equipment in service that contains PCB's at >500 ppm, that is leaking or not labeled? () No ☒ Yes () Don't Know
2. Does facility have any equipment in storage that contains PCB's at > 50 ppm, that is leaking or not labeled? ☒ No () Yes () Don't know
3. Does the facility have above ground tanks that store petroleum, synthetic, animal, fish, or vegetable oil, in a single tank >660 gallons or tanks with an aggregate volume >1320 gallons, that show evidence of leaking into waters of the state? () No ☒ Yes *for oil tank*

Describe: _____

FIFRA - FEDERAL INSECTICIDE, FUNGICIDE, AND RODENTICIDE ACT

1. Does the facility manufacture, repackage, or apply pesticides? ☒ No - STOP HERE () Yes
Are rinsates handled in an environmentally sound manner? () No () Yes Describe: _____
2. Do workers use personal protective equipment (gloves, long sleeve shirts, coveralls) when mixing/loading? () No () Yes

Describe: _____

Please note any photo's taken to document potential problems.

**REGION VII MULTIMEDIA SCREENING CHECKLIST
PROGRAM EVALUATION SHEET**

Facility: _____

Address: _____

Inspector: _____

Primary media: _____

Date: _____

Reviewer: _____

Forwarded to State? No Yes → () KS () NE () MO () IA :

- 1) What was your primary use of the MM Screening information?
 If sent to a State, what did they do with it? (Ask State the rest of the questions.)

- 2) Were significant issues for your program identified by the MM Screening? Yes No
 If no, please explain why and identify information you would like collected.

- 3) Did the Screening help you to target inspections for FY98? Yes No
 How? How not?

- 4) Do you feel the MM Screening process is worthwhile even if this particular checklist did
 not identify any concerns for your program area? Yes No

 Do you feel we should continue to conduct MM Screenings? Yes No

- 5) Any other comments on the utility of the screening?

- 6) Which media do you represent? __ NPDES __ PWS __ UIC __ Wetlands
 __ CAA __ RCRA __ UST __ EPCRA __ PCB __ SPCC __ FIFRA